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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA  
SECOND APPELLATE DISTRICT  
DIVISION TWO

In re N.B., a Person Coming Under the  
Juvenile Court Law.

LOS ANGELES COUNTY  
DEPARTMENT OF CHILDREN AND  
FAMILY SERVICES,

Plaintiff and Respondent.

v.

NANCY P.,

Defendant and Appellant.

B267546

(Los Angeles County  
Super. Ct. No. DK08967)

APPEAL from an order of the Superior Court of Los Angeles County. Stephen Marpet, Juvenile Court Referee. Affirmed.

Donna Balderston Kaiser, under appointment by the Court of Appeal, for  
Defendant and Appellant.

Amir Pichvai for Plaintiff and Respondent.

Nancy P. (mother) challenges a dispositional order issuing a three-year restraining order against her for the protection of her child, N. (born Jan. 2011) and the child's father, David B. (father).<sup>1</sup> Mother contends that substantial evidence did not support the issuance of the restraining order as to N. or father. We affirm the order.

## **COMBINED FACTUAL BACKGROUND AND PROCEDURAL HISTORY**

### **Initial referral and investigation**

On December 29, 2014, the Department of Children and Family Services (DCFS) received a referral alleging that mother, who was in a store with N., was squirting water on customers. Mother was observed to have a dry mouth and to be acting abnormally. When a police officer tried to speak with mother, she was emotional. The officer described mother as "bawling." Mother's mouth appeared to have a white paste around it and her pupils were dilated. The officer believed mother was under the influence of a controlled substance. Mother told the officer that she felt sick because someone hacked her Facebook account. Mother also stated that someone was following her. When questioned further, mother complained of chest pain and "pretended to pass out."

Mother was incoherent and unable to give identifying information. She was transported to St. Francis Medical Center. N., three years old, had limited verbal ability. Attempts to locate relatives and friends to pick up the child were made by looking through mother's cell phone, but the seven telephone numbers listed were either disconnected or belonged to individuals who did not know mother. The child was later identified based on mother's driver license information.

A DCFS social worker who had experience with the family provided information regarding mother. Mother was noncompliant with previous Voluntary Family Maintenance (VFM) services due to her refusal to participate in mental health services. Mother was described as "possibly bipolar" and was supposed to be on medication, but refused due to her religious beliefs. The family's last known address was the home of maternal grandmother, Anna P. (MGM). MGM denied that mother had a history of

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<sup>1</sup> Father is not a party to this appeal.

substance abuse, but noted that mother had previously received services for depression. MGM observed that mother was supposed to be taking medication but refused to because she believed “God doesn’t want her to take medication and God will cure her.”

Maternal aunt Lydia P. (MA) stated that mother needs mental health services. Mother has a history of depression which started when her best friend committed suicide in high school. MA also stated that mother has a history of hallucinations and paranoia, has an obsession with helping animals and an obsession with cats. Mother is supposed to be receiving therapy and taking medications, however, mother refuses any treatment because it is against her religious beliefs. MA reported that mother often states “God will cure me.” MA noted that she is concerned because she does not want N. to be affected by mother’s behaviors.

When the social worker spoke with father, he indicated that mother has mental health issues. Mother had been experiencing depression and not sleeping well for a few days. Father stated that the reported incident was not common; however, father admitted that he is rarely home because of work, so he is not able to observe mother’s behavior at all times.

On December 30, 2014, during a telephone conversation between the social worker and mother, mother was very agitated and tangential. Mother asked for the social worker’s help in getting out of the hospital, and indicated that the hospital staff were “paying for their sins.” Mother stated that she was given Haldol at the hospital for schizophrenia, but denied having any mental health issues. Mother denied any recent or past substance abuse, but acknowledged that she takes “veterinarian stuff from Whole Foods.” She did not specify what she takes or why. Mother stated that Haldol was “poison.” She did not remember the reported incident at the store. Mother stated that she was “hacked by Facebook by people in Lancaster and other places” and that the hospital was lying about why mother was required to stay there. When the social worker informed mother of a detention hearing on January 2, 2015, mother stated, “I do not want to go. I have patient rights. I will report you to child services. You are neglecting a child of God.” Mother then hung up on the social worker.

The family had prior involvement with DCFS. When N. was born in January 2011, a referral alleged that mother had asked hospital staff inappropriate questions, such as whether she had to change and feed the baby. The referral was closed as unfounded. In April 2012, DCFS received an allegation of severe neglect after N. sustained an elbow fracture and underwent surgery. The referral indicated that mother's explanation was not consistent with the child's injury. The allegation of severe neglect was deemed inconclusive; however, an allegation of general neglect was added and substantiated. The referral resulted in a VFM service. The case was later closed because the family had complied with most of the services and was considered stabilized. However, it was noted that mother did not fully comply with her individual therapy. In addition, it was recommended that she take psychiatric medication to address mental health issues, which she refused to do. Mother stated her belief that "God will cure me."

### **Petition and detention**

On January 2, 2015, DCFS filed a petition on behalf of N. pursuant to Welfare and Institutions Code section 300.<sup>2</sup> The petition alleged under count b-1:

"[Mother] has mental and emotional problems including a diagnosis of Schizophrenia including paranoia and depression which renders the mother incapable of providing the child with regular care and supervision. On prior occasions, the mother failed to take the mother's psychotropic medication as prescribed. Prior remedial services failed to resolve the mother's mental and emotional problems as the mother failed to regularly participate in a mental health counseling program. The mother's mental and emotional problems endanger the child's physical health and safety, placing the child at risk of physical harm, damage and danger."

Mother appeared at the January 2 arraignment and detention hearing. The court ordered the child remain released to father, but detained from mother. Mother's visits were to be monitored by a DCFS-approved monitor other than father or MGM. Father

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<sup>2</sup> All further statutory references are to the Welfare and Institutions Code unless otherwise indicated.

was referred to NAMI,<sup>3</sup> and it was ordered that a psychological evaluation be performed on the mother. The matter was continued for a jurisdiction and disposition hearing on the section 300 petition.

### **Jurisdiction/disposition report and supplemental reports**

On February 23, 2015, DCFS filed its jurisdiction/disposition report, as well as a supplemental report containing the social worker's follow-up conversation with mother.

The social worker had been unable to interview N. The child was extremely active, easily distracted, and would not listen to adults. Attempts to speak to the child alone were unsuccessful as she refused to sit still and refused to be away from her father.

When father was interviewed on February 13, 2015, he stated his desire to return to mother and raise their daughter together. Father had lived with mother since 2011. On one occasion when mother was pregnant, mother scratched him as he tried to leave. The incident required police intervention.<sup>4</sup> Other than that one occasion, the parents have never engaged in domestic violence. Father has never seen mother use drugs or mistreat N. Other than noticing that mother frequently prays, father has never observed mother to have any unusual or bizarre behaviors. Father believes mother is just an overly religious person. Father was aware that mother had been hospitalized on two occasions for mental problems, but he was not familiar with her diagnosis or medications.

MGM was also interviewed on February 13, 2015. She said that mother was diagnosed with a learning disability as a child and therefore received special education. MGM denied that mother was ever involved with drugs, gangs, or that she had any behavioral problems. When mother was a teenager, her best friend shot herself. After that, mother devoted herself to religion. She also became more introverted, quiet, and at

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<sup>3</sup> NAMI stands for National Alliance on Mental Illness. NAMI is an organization that provides support counseling on how to deal with a loved one's mental illness. (<<https://www.nami.org/#>>.)

<sup>4</sup> On August 22, 2010, when mother was pregnant with N., the police report indicates that mother grabbed father as he was attempting to de-escalate an argument by leaving the room. Mother's violent act caused four scratches on both sides of father's neck. Mother was arrested as a result of this incident.

times, withdrawn. MGM had never observed mother mistreat N. MGM was aware that mother had two mental health hospitalizations, but was unsure of mother's exact diagnosis or what medications mother was prescribed.

MA, who was also interviewed, recalled an incident three or four years earlier, when mother began screaming and yelling that she had seen the devil and that she required holy water immediately. Maternal grandparents tried to calm mother, who continued to yell and scream despite their efforts. On that occasion, mother was hospitalized at UCLA Medical Center. She was released with a referral to call ENKI.<sup>5</sup> MA had never seen mother mistreat N.

Documents presented by DCFS indicated that mother was treated at LAC+USC beginning when she was 15 years old. By the age of 19, she was diagnosed with psychosis and placed on psychiatric medication. Additionally, a report from St. Francis Medical Center in connection with the December 29, 2014 hospitalization indicated that mother was admitted because she was considered a danger to herself and others. She was discharged with a diagnosis of schizophrenia, paranoid type, and was prescribed psychiatric medication.

In an interview conducted on February 20, 2015, mother appeared oriented and was able to stay focused on the subjects being discussed. However, mother was preoccupied with the idea of being lonely and needing a hug and a kiss. Several times during the conversation, mother would interject how much she just needed someone to hug and kiss her so that she could feel loved.

At first mother denied any auditory or visual hallucinations, but then stated it had been a long time since she saw and heard things that were not there. When asked to explain, mother stated that she misspoke and had never experienced any hallucinations. Mother recalled her two hospitalizations, but she could not recall the reasons for the

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<sup>5</sup> ENKI is a Los Angeles-based organization providing mental health and drug and alcohol recovery services. (<<http://losangeles.networkofcare.org/mh>>.)

hospitalizations or whether she was prescribed medication. Mother had yet to participate in a psychological exam, but she had begun individual counseling and parenting classes.

Mother had not signed a release of information for St. Francis Medical Center or ENKI. The social worker contacted mother's case worker at ENKI, who assured the social worker that she would have mother sign the release when mother came for individual counseling. However, following the counseling session, mother's case worker informed the social worker that she could not secure the release of information from mother.

DCFS recommended that N. remain released to father and detained from mother. DCFS further recommended that mother's visits continue to be monitored, and that father not be permitted to act as a monitor.

At a March 16, 2015 hearing, the court ordered mother to sign a release of information for all her mental health care providers, and continued the matter to May 11, 2015, for trial.

In a supplemental report filed May 11, 2015, DCFS reported that mother was attending parenting classes, but was not involved in counseling. Mother attended her psychiatric evaluation, but at the doctor's office, she did not know why she needed an evaluation and did not mention that she had a child. As a result, the evaluation did not occur. Mother later reported to the social worker that she did not go through with the assessment because she did not like the staff at the doctor's office. As of the date of the supplemental report, mother had yet to complete an assessment. In addition, mother had not yet signed a release of information for her mental health treatment.

Mother was having regular visits with N., with MA serving as monitor. No problems were reported with the visits, but it was noted that the child was not responding to or making eye contact with mother.

Records from mother's recent hospitalization at St. Francis Medical Center from December 29, 2014 through January 6, 2015, showed that mother was checked on every 15 minutes to ensure her safety. The intake assessment noted that mother was "acutely psychotic," and "pacing in an agitated manner, gesturing angrily." Further, mother

exhibited an “elevated/euphoric anxious hopeless” mood, experienced auditory hallucinations of God’s voice, and was responding in a hostile and anxious manner to the interviewer. The notes from December 31, 2014, indicated that mother was yelling, agitated, threatening peers and staff, and attempting to hit peers and staff. The doctor was notified, and mother was placed on Haldol. However, further notes from that day reported that mother refused medication, stating that God was her medicine. Notes from January 1, 2015, indicated that mother continued to refuse medication and was delusional. Mother stated “I don’t need to take meds I’m a Registered nurse and I work here in different units.” On January 4, 2015, mother reported that she was still hearing loud voices in her head that were telling her to run into traffic. She was very paranoid and had impulses to strike out at people. She remained unpredictable with poor impulse control, and was considered a danger to herself and others.

By January 5, 2015, mother’s symptoms had decreased, and she was discharged on January 6, 2015, with a diagnosis of schizophrenia, paranoid type. The hospital records show that mother was placed on Haldol and Cogentin.

Because of the volume of medical records that were provided on May 11, 2015, the matter was continued to July 15, 2015, for trial.

### **Events of July 15, 2015**

In an addendum report filed on July 15, 2015, DCFS reported that mother had still not participated in a psychological exam. In addition, during a visit with father and child on June 10, 2015, at the maternal grandparents’ home, the social worker observed mother enter the home unannounced. When the social worker reminded mother that she was not to visit with the child without an approved monitor, mother stated that she was only there to retrieve some belongings.

The report contained additional records pertaining to mother’s history of mental illness from LAC+USC Medical Center and Harbor-UCLA Medical Center. Mother had been diagnosed with psychosis since 2006. Records from a July 26, 2010 visit showed that mother was pregnant and had not taken her medication for a week and a half. Within a month, on August 22, 2010, mother was arrested for attacking father and causing him



injuries. After spending four days in jail, mother was admitted to Harbor-UCLA on a section 5150 hold.<sup>6</sup> The records from Harbor-UCLA showed that mother had become extremely hostile in jail, requiring restraints and a spit mask. Mother had bruises all over her body, and maintained that jail staff had attacked her. However, the staff reported that it was mother who attacked them. MA told hospital staff that mother had become increasingly bizarre at home, and MA was unwilling to take mother back unless she went back on her medication.

At the courthouse on July 15, 2015, deputy county counsel witnessed mother and child alone together. Deputy county counsel stated, “I happened to come up the elevator with them. Father was outside the courtroom, basically, slumped over in the chair with his eyes closed.” Mother’s counsel disputed that mother and child had come up in the elevator, arguing that mother had only taken the child to the restroom. However, N.’s counsel confirmed with N. that she had been in the elevator alone with mother. DCFS argued that both mother and father had violated the court’s orders, and that under the circumstances, detention from both parents was warranted.

The juvenile court detained N. from both parents, and trailed the matter for the filing of an amended petition based on the new developments.

### **Amended section 300 petition and detention**

On July 20, 2015, DCFS filed its first amended section 300 petition on behalf of N. The petition reiterated the allegations contained in the original petition concerning mother’s mental health issues under count b-1, and added two new counts. Count b-2 alleged that father left the child alone and unsupervised with the mother in violation of the court’s orders. Count b-3 alleged that mother has continued to resist mental health treatment, and father has failed to recognize the risk of harm to the child resulting from mother’s mental illness. DCFS requested that N. remain detained from both parents.

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<sup>6</sup> Section 5150 permits a peace officer to take a person into custody involuntarily at a mental health facility if that person is a danger to himself or others as the result of a mental health disorder. (§ 5150, subd. (a).)

The detention report dated July 20, 2015 stated that father had not participated in NAMI and had not made himself available for monthly meetings to check on the child's status.

Mother was interviewed and she explained that she had stopped at the maternal grandparents' residence on June 10, 2015, to retrieve some belongings, and that she had only taken N. to the restroom at the courthouse on July 15, 2015. Both mother and father denied that mother had unmonitored contact with N. at the courthouse or went to areas of the courthouse other than the bathroom. N. however, told the social worker that she had eaten lunch with mother, despite not liking the food. In addition, MA, who monitored mother's visits with N., informed the social worker that mother just "shows up" at the maternal grandparents' home, and sometimes they do not even know she is there. With respect to the unannounced June 10, 2015 visit by mother, MA stated that she did not know that mother was coming that day.

At the July 20, 2015 hearing, mother and father were arraigned on the first amended section 300 petition. The matter was set for trial. The court ordered N. detained from both parents, and father's request for a temporary restraining order against mother was granted pending the hearing.

### **Supplemental report**

DCFS filed a supplemental report on September 8, 2015. Mother reported to the social worker that she was participating in individual counseling, however, the therapist had not responded to the social worker's telephone calls. In addition, the social worker's attempts to reach mother were unsuccessful. One of mother's last known cell phone numbers was now a fax number, and the other was inoperable.

Father had enrolled in NAMI and Project Fatherhood. Facilitator Mark Robinson indicated that father began the program in July or August 2015. He had been attending regularly and participating actively in the program. Father had moved out of MGM's residence, and wanted to keep his new address from mother. Father no longer intended to reunite with mother.

In addition to the July 15, 2015 incident, father admitted that he “messed up” on one other occasion in March or April of 2015 when he took mother with him and N. to a party. Father did so because the child wanted mother to accompany them. While at the party, he never left mother alone with N. Father denied violating visitation orders on any other occasion.

Both mother and father had been visiting N. regularly. Mother was accompanied by MGM on the visits. The foster mother observed that mother frequently spoke to the child about God, and that on one occasion N. told mother to stop talking about God. The foster mother also reported that mother sends about 130 messages every week saying that mother will pray for them. Sometimes these messages come at 2:00 a.m.

DCFS continued to recommend that N. be declared a dependent of the court, remain suitably placed, and the parents given reunification services.

### **Contested jurisdiction/disposition hearing**

The matter came before the court for a contested hearing on September 9, 2015. DCFS presented testimony from the social worker, whose testimony was consistent with the information provided in the September 8, 2015 supplemental report. Mother did not offer any testimony or documentary evidence.

The court sustained the first amended section 300 petition in its entirety. N. was removed from both parents and ordered suitably placed. Mother was granted monitored visits, and father was granted unmonitored day visits “on condition that he and he alone have these visits.” The court specified, “mother is absolutely not to be present.”

In addition, the court issued a restraining order requiring that mother stay away from father for the next three years. N.’s counsel requested that N. be included in the restraining order, especially now that father was going to be having unmonitored visits. The court granted the request, including the child in the restraining order.

### **Notices of appeal**

Mother filed her first notice of appeal on September 2, 2015, but did not specify from which orders she was appealing.

On October 2, 2015, mother filed a notice of appeal from the orders of September 9, 2015. Mother described the order appealed from as “discrimination [*sic*] and bully harassment.”

On November 3, 2015, mother filed another notice of appeal. This notice of appeal states that mother is appealing from “Hate Free Zone discristmation [*sic*] bully harassment.”

On November 30, 2015, mother filed a third notice of appeal. The notice indicates that the appeal is from orders of November 3, 2015.<sup>7</sup>

## **DISCUSSION**

Mother’s sole argument on appeal is that no substantial evidence supports the court’s issuance of a restraining order against her. Mother argues that she has not engaged in violence towards father or the child, thus the restraining order against both must be reversed.<sup>8</sup>

### **I. Relevant law and standard of review**

Section 213.5, subdivision (a) gives the juvenile court the authority to issue a restraining order “enjoining any person from molesting, attacking, striking, stalking, threatening, sexually assaulting, battering, harassing, telephoning, . . . destroying the personal property, contacting, either directly or indirectly, by mail or otherwise, coming

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<sup>7</sup> On November 3, 2015, there was a hearing at which the court liberalized father’s visits to overnight visits with N.

<sup>8</sup> DCFS argues that mother’s notice of appeal is deficient under California Rules of Court, rule 8.100(a)(2), which requires that the notice identify “the particular judgment or order being appealed.” Mother’s October 2, 2015 notice of appeal has mother appealing from orders of the juvenile court made on September 9, 2015, then states “discrimination [*sic*] and bully harassment.” DCFS points out that there is no reference to a restraining order in this or any of mother’s notices of appeal. However, the juvenile court imposed the three-year restraining order on September 9, 2015. Notices of appeal are to be liberally construed. (California Rules of Court, rules 8.100(a)(2), 8.405(a)(3).) Because mother clearly appealed from the orders made on September 9, 2015, and the restraining order was one of those orders, we consider mother’s notice of appeal to be sufficient. (*In re Baby Boy V.* (2006) 140 Cal.App.4th 1108, 1115.)

within a specified distance of, or disturbing the peace of the child.” The child’s parent may also be protected from these behaviors. (§ 213.5, subd. (a).)

Issuance of a restraining order pursuant to section 213.5 does not require evidence that the restrained person has previously molested, attacked, struck, sexually assaulted, or battered the child. (*In re B.S.* (2009) 172 Cal.App.4th 183, 193 (*B.S.*)). Courts of appeal have determined that section 213.5 is analogous to Family Code section 6340, ““which permits the issuance of a protective order . . . if “failure to make [the order] may jeopardize the safety of the petitioner . . . .” [Citations.]”” (*In re C.Q.* (2013) 219 Cal.App.4th 355, 363-364 (*C.Q.*), citing *B.S.*, *supra*, at p. 194.)

“In reviewing the restraining order, ‘we view the evidence in a light most favorable to the respondent, and indulge all legitimate and reasonable inferences to uphold the juvenile court’s determination. If there is substantial evidence supporting the order, the court’s issuance of the restraining order may not be disturbed.’ [Citations].” (*C.Q.*, *supra*, 219 Cal.App.4th at p. 364.)

Some courts have applied two standards of review on appeal from the issuance of a restraining order: “substantial evidence to support the facts and discretion to impose a restraining order.” (*In re N.L.* (2015) 236 Cal.App.4th 1460, 1466 (*N.L.*)). “The practical differences between these two standards in this context are not significant.” (*Ibid.*)

## **II. Substantial evidence supported issuance of the order**

In analyzing the juvenile court’s decision to issue the restraining order under section 213.5, we must determine whether substantial evidence supports the trial court’s conclusion that failure to make the order may have jeopardized the safety of father and N. (*C.Q.*, *supra*, 219 Cal.App.4th at pp. 363-364.)

The evidence before the juvenile court showed that mother had a psychotic episode in a store on December 29, 2014, in the presence of the child and with no other caretaker available. When the police arrived, mother had white paste around her mouth, was bawling, and was so incoherent that the officer initially thought that she was on drugs. Mother complained that people had hacked her Facebook account and were trying

to hurt her. Mother was transported to St. Francis Medical Center and was placed on a section 5150 hold. N. had to be taken to the police station because the responding police officer was unable to reach any family member.

Family members informed the social worker that mother was recently experiencing depression and was supposed to be taking medication. However, mother refused her medication because she believed that God would cure her. MA reported that mother had a long history of depression since her best friend committed suicide in high school, and also had a history of hallucinations and paranoia.

During mother's eight-day stay in the hospital following the December 29, 2014 incident, mother was found to be acutely psychotic, delusional, agitated and hostile. However, following the hospitalization, mother still refused to take her prescribed medication, stating that "God is my medicine, those pills are bad." Because mother continued to refuse medical treatment to address her mental health issues, N.'s safety remained in jeopardy.

In fact, evidence showed that mother had consistently been resistant to taking medication despite her long history of mental illness. In 2010, after stopping her medication, mother flew into a rage and attacked father, leaving scratches on both sides of his neck. Around the same time, mother reported seeing the devil and became so frantic that the maternal grandparents were unable to calm her down. Mother was arrested as a result of the incident of violence to father, and her behavior in custody escalated to the point where she was placed on a section 5150 hold and transported to UCLA-Harbor Medical Center. The staff indicated that mother, who was pregnant at the time, had assaulted them.

During 2012, when the family was participating in a VFM following N.'s elbow fracture, it was reported that mother did not comply with her individual therapy and refused to take psychiatric medication to address mental health issues. Mother believed that God would cure her.

In addition to this long history of refusing to take medication to address her mental health issues, mother made little progress during the pendency of this proceeding. She

did not submit to a psychological examination because she did not like the staff at the doctor's office. The social worker was unable to confirm whether mother was participating in counseling or taking her medication. Finally, mother failed to comply with the court's orders. She walked into the residence where father and child resided unannounced, and on at least two occasions she violated the court's order that her visits with N. be monitored by someone other than father.

This evidence is sufficient to uphold the restraining order as to both father and N. Mother's behavior was erratic and, at times, aggressive. Mother had been arrested for domestic violence against father, and had appeared at the residence where father lived with N. unannounced despite court orders that she not be in the child's presence without a monitor. While there was no evidence that mother had ever exhibited violence directly towards N., section 213.5 does not require evidence that the restrained person has previously engaged in such behavior. (*B.S.*, *supra*, 172 Cal.App.4th at p. 193.) Instead, it requires the trial court to find that ““failure to make [the order] may jeopardize the safety of the petitioner . . . .” [Citations.]” (*C.Q.*, *supra*, 219 Cal.App.4th at pp. 363-364.)

Given mother's severe mental health issues, her refusal to take medication, and her failure to obey the court's visitation orders, the juvenile court did not err in concluding that the safety of both father and N. would be in jeopardy in the absence of the restraining order.

### **III. Relevant case law supports the order**

Mother relies on two cases in support of her argument that the juvenile court erred in issuing the restraining order. Both are distinguishable.

In the first case, *C.Q.*, there was evidence that father had engaged in violence against mother. The juvenile court issued a restraining order against father at mother's request, and included the family's three children in the order. Father objected to the inclusion of the children in the restraining order, although he did not challenge the part of the order requiring that he stay away from mother and the family home. (*C.Q.*, *supra*, 219 Cal.App.4th at p. 364.)

The Court of Appeal found that there was insufficient evidence to support the order as to the three children. There was no evidence that the children's safety might be in jeopardy absent their inclusion in the restraining order. The children stated that they wanted visits with father and were not afraid of him. (*C.Q.*, *supra*, 219 Cal.App.4th at p. 364.)

While N. expressed no fear or hesitation around mother, N., who was only three years old at the time the initial petition was filed, was too young to understand her mother's mental health condition.<sup>9</sup> In addition, there was no evidence in *C.Q.* that the father suffered from any mental health problems, engaged in psychotic behaviors, or had hallucinations. Because N.'s mother experienced these symptoms and refused to treat them, the juvenile court was justified in finding that N.'s safety was in jeopardy in the absence of the restraining order.

Mother also relies on *N.L.*, where a petition was filed on behalf of six-year-old N.L. due to mother's drug use and her repeated false allegations that father sexually abused N.L. (*N.L.*, *supra*, 236 Cal.App.4th at p. 1462.) During the proceeding, father filed a request for restraining order requiring that mother stay away from father and the child, their residence, father's workplace, father's vehicle, and the child's school. Father described an incident where mother had attempted to remove N.L. from school, threatened father, struck father and pulled his hair. (*Id.* at p. 1463.) After a contested hearing, the juvenile court issued the restraining order and included N.L. as a protected person. (*Id.* at p. 1465.) On appeal, mother challenged the portion of the order including N.L. as a protected person. (*Id.* at p. 1467.)

The *N.L.* court reversed the portion of the order including N.L. as a protected person. In support of including N.L. in the order, the father had alleged that mother had threatened to remove N.L. from school and continued to communicate with the school. (*N.L.*, *supra*, 236 Cal.App.4th at p. 1468.) However, per a recent order of the juvenile court, both mother and father were educational rights holders of N.L., therefore "mother

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<sup>9</sup> In contrast, the children who were the subject of the petition in *C.Q.* were 11, 12, and 16. (*C.Q.*, *supra*, 219 Cal.App.4th at p. 357.)



could contact N.L.’s school and seek to remove N.L. from school.” (*Ibid.*) The *N.L.* court further pointed out that mother had never engaged in any violent or dangerous conduct towards N.L., nor had any such conduct occurred in her presence. In addition, there was no evidence “that mother failed to obey the visitation order or in any way abused her visitation rights.” (*Id.* at p. 1469.)

Here, in contrast, mother has engaged in disruptive behavior in the child’s presence. Mother’s erratic behavior placed the child in danger, as mother had to be hospitalized and there was no other adult present to care for the child. In addition, on at least two occasions mother has disobeyed the court’s order that she not be in the presence of the child without an approved monitor. Thus, mother has abused her visitation rights. These additional facts set the present matter apart from *N.L.*

*In re Cassandra B.* (2004) 125 Cal.App.4th 199 (*Cassandra B.*), supports the issuance of a restraining order in this case. In *Cassandra B.*, a petition had been filed on behalf of nine-year-old Cassandra following the mother’s involuntary hospitalization after being found in the middle of the street praying to the sky and contending to be “the ‘Virgin Mary.’” (*Id.* at p. 204.) The child was placed in the home of her stepfather and his girlfriend. About 12 months after the petition was filed, the caretakers sought a restraining order because the mother was calling repeatedly and filling up their voice mail. (*Ibid.*) Mother also attempted to enter the caretakers’ apartment when Cassandra was there with a babysitter, but was prevented from doing so by a security guard. The following day, mother was seen near Cassandra’s school just as school was letting out. (*Id.* at p. 205.) Cassandra stated that she was afraid of mother, who told her she was going to come and get her at school. The juvenile court granted the restraining order, requiring mother to stay away from stepfather, stepfather’s girlfriend, and the child with the exception of court ordered visitation. (*Ibid.*)

The Court of Appeal determined that the juvenile court did not err in issuing the restraining order against mother. (*Cassandra B., supra*, 125 Cal.App.4th at p. 210.) The court concluded that mother’s “conduct in attempting to gain entry to the home of Cassandra’s caregivers without their knowledge, appearing at Cassandra’s school and

then following behind the caregiver's car after Cassandra was picked up from school, together with threats to remove Cassandra from her caregivers' home" were sufficiently troubling to justify the issuance of the protective order. (*Id.* at pp. 212-213.)

Similarly, here, mother violated the court's orders by showing up at the residence of father and N. unannounced and having contact with N. outside of the presence of an approved monitor. According to MA, mother would occasionally show up at the family home without notifying the family, and sometimes they would not even know she was there. Considering mother's psychotic and sometimes aggressive behavior, her refusal to take medication to treat her mental health issues, and her disobedience of court orders, the juvenile court did not err in issuing the restraining order.

*B.S.* provides further support for the trial court's order. In *B.S.*, the father had engaged in violence against the mother. Although there was no evidence that the father had ever committed violence against the child, the court noted that during his outbursts, "he had little ability to control himself." (*B.S.*, *supra*, 172 Cal.App.4th at p. 194.) Father's tendency to resort to violence and his lack of impulse control were sufficient for the *B.S.* court to hold that there was no error in issuing a restraining order protecting the child as well as the mother. (*Ibid.*)

Similarly, here, there was evidence that mother was subject to psychosis resulting from mental health issues, which left her without the ability to control herself. Such episodes led to aggression towards those around her. Mother refused to take medication to treat her mental health issues. In addition, she repeatedly disobeyed court orders limiting her contact with N. This evidence was sufficient for the juvenile court to determine that both father's and N.'s safety might be in jeopardy in the absence of a restraining order.

**DISPOSITION**

The order is affirmed.

NOT TO BE PUBLISHED IN THE OFFICIAL REPORTS.

\_\_\_\_\_, J.  
CHAVEZ

We concur:

\_\_\_\_\_, P. J.  
BOREN

\_\_\_\_\_, J.  
HOFFSTADT